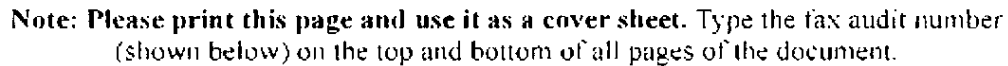


Division of Corporations

[illegible]

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Email Address: _____

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2164 52376102

APPROVED
AND
FILED
2019 MAR 29 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conifex Cross City LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/28/2013 and assigned
Florida document number M13000004114

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BW SLC Holdings LLC	40 S.W. 10th Street Cross City, FL 32628	☐ Add
			☐ Remove
			☐ Change
MGR	Conifex Holdco LLC	40 S.W. 10th Street Cross City, FL 32628	☐ Add
			☐ Remove
			☐ Change
MGR	Ken Shields President	40 S.W. 10th Street Cross City, FL 32628	☐ Add
			☐ Remove
			☐ Change
MGR	Yuri Lewis CFO, Secretary	40 S.W. 10th Street Cross City, FL 32628	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2019 MAR 29 AM 9:06
STATE OF FLORIDA
SECRETARY OF STATE
JAMES TANKS III

APPROVED
AND
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
WASHINGTON, D.C.
20520-5000

2019 MAR 29 AM 9:56
SECRETARY OF STATE
TALDHANSEE HQ (000)

APPROVED
AND
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 27, 2019

Signature of a member

Yuri Lewis

Typed or printed name of signee